

Massachusetts Immunization Program

INFLUENZA VACCINE AGGREGATE USAGE REPORT 2008-2009

Date: _____

Provider Site Number: ____ _

Provider Site Name: _____

City or Town: _____ Phone Number: (____) _____

Total Doses Received: _____ Contact Person: _____

In order to ensure your influenza vaccine allocation for next season, all state-supplied influenza vaccine usage data must be reported to the Massachusetts Department of Public Health (MDPH) on or before March 13, 2009. You may continue to administer flu vaccine after the March 13 deadline. Data for doses administered after March 14, 2009, should be reported as soon as possible.

Fax your influenza vaccine aggregate usage report to: 617-983-6924

	<1	1	2	3-5	6-12	13-18	19-29	30-49	50-64	≥65	Total Doses Administered	Remaining Inventory
0.5 ml dose												
0.25 ml dose												
FluMist												

Use the box below to report any doses lost. Please indicate the reason for the loss by using one of the following 3 codes*:

1. Spoilage due to break in cold chain or refrigeration
2. Discarding of remaining doses in opened multi-dose vials
3. Damaged/Contaminated

	Number of Doses Lost	Reason for Loss*
0.5 ml dose		
0.25 ml syringe		
FluMist		

Use the box below to report any doses returned to your distributor in a viable state (properly stored, unused, unopened vials) for redistribution. If you have any questions, please call the Vaccine Management Unit @ 617-983-6828.

Doses Returned to Distributor		
	Date Returned	Number of Doses Returned
0.5 ml dose		
0.25 ml syringe		
FluMist		

